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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	PAZ-173CP
	First Inventor	Mark L. Nelson
	Title	3, 10, AND 12a SUBSTITUTED TETRACYCLINE COMPOUNDS
	Express Mail Label No.	EV 355 385 887 US

<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>43</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/>	b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul>
5. Oath or Declaration [Total Sheets <input ]<ul="" type="text"/> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li>	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

**ACCOMPANYING APPLICATIONS PARTS**

- |  |  |
|--|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee)   | <input type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |  |
| 12. <input type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449  | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment   |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                  |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |  |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |  |
| 17. <input type="checkbox"/> Other:  | <input type="text"/>                             |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

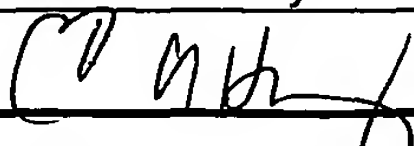
Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	00959	or <input checked="" type="checkbox"/> Correspondence address below			
Name	LAHIVE & COCKFIELD, LLP Elizabeth A. Hanley				
Address	28 State Street				
City	Boston	State	MA	Zip Code	02109
Country	US	Telephone	(617) 227-7400	Fax	(617) 742-4214

Name (Print/Type)	Elizabeth A. Hanley	Registration No. (Attorney/Agent)	33,505
Signature		Date	July 14, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 355 385 887 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 14, 2003

Signature:  (Elizabeth A. Hanley)



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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>	<b>Complete if Known</b>	
	Application Number	Not Yet Assigned
	Filing Date	Concurrently Herewith
	First Named Inventor	Mark L. Nelson
	Examiner Name	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	N/A
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>1,768.00</b>
	Attorney Docket No.	PAZ-173CP

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>				
<input checked="" type="checkbox"/> Deposit Account						
Deposit Account Number	12-0080					
Deposit Account Name	Lahive & Cockfield, LLP					
The Director is hereby authorized to: (check all that apply)						
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments						
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application						
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						
<b>FEE CALCULATION</b>						
<b>1. BASIC FILING FEE</b>						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
1001	750	2001	375	Utility filing fee	750.00	
1002	330	2002	165	Design filing fee		
1003	520	2003	260	Plant filing fee		
1004	750	2004	375	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
<b>SUBTOTAL (1)</b>				<b>(\$)</b>	<b>750.00</b>	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>						
Total Claims	61	-20** =	41	Extra Claims	Fee from below	Fee Paid
Independent Claims	2	-3** =				
Multiple Dependent					280.00	280.00
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		
1202	18	2202	9	Claims in excess of 20		
1201	84	2201	42	Independent claims in excess of 3		
1203	280	2203	140	Multiple dependent claim, if not paid		
1204	84	2204	42	** Reissue independent claims over original patent		
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (2)</b>				<b>(\$)</b>	<b>1,018.00</b>	
**or number previously paid, if greater, For Reissues, see above						
<b>Other fee (specify)</b>						
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3)</b>		<b>(\$)</b>	<b>0.00</b>	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Elizabeth A. Hanley	Registration No. (Attorney/Agent)	33,505	Telephone	(617) 227-7400
Signature		Date	July 14, 2003		

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